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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>Box for new nonprovisional applications under 37 CFR § 1.53(b))</i>	Attorney Docket No.	4002-2923/PC664.00
	First Inventor	James L. Chappuis
	Title	SURGICAL INSTRUMENTATION AND METHOD FOR FORMING A PASSAGE IN BONE HAVING AN ENLARGED...
	Express Mail Label No.	EL916999536US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Description of the Invention	b. Specification Sequence Listing on:
- Cross References to Related Applications	CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	paper
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal	
5. Oath or Declaration [Total Pages 4]	
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application No: 60/298,985

Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below	
Name: Woodard, Emhardt, Naughton, Moriarty and McNett		
Address: Bank One Center/Tower 111 Monument Circle, Suite 3700		
City: Indianapolis	State: IN	Zip Code: 46204-5137
Country: USA	Telephone: (317) 634-3456	Fax: (317) 637-7561
Name (Print/Type): Brad A. Schepers	Registration No. (Attorney/Agent): 45,431	Date: January 17, 2002
Signature:		

**Express Mail Label Number EL916999536US**

**Date of Deposit January 17, 2002**

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

Signature of person mailing paper or fee

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# FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Total Amount of Payment (\$1,706.00)

Complete If Known	
Application Number	New
Filing Date	January 17, 2002
First Named Inventor	James L. Chappuis
Group Art Unit	
Examiner Name	

Attorney Docket Number 4002-2923/PC664.00

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

23-3030

Deposit Account Number  
Deposit Account Name Woodard, Emhardt, Naughton, Moriarty & McNett

Charge any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27.

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	740	201	370	Utility Filing Fee	740
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
109	740	208	370	Reissue Filing Fee	
114	160	214	80	Provisional Filing Fee	
<b>SUBTOTAL (1) (\$)</b>					<b>740</b>

## 2. EXTRA CLAIM FEES

Total Claims	55	-20** =	35	X	18	=	630
Independent Claims	7	-3** =	4	X	84	=	336
Multiple Dependent							

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>				
<b>966</b>				

\*\*or number previously paid, if greater. For Reissues, see above

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge – late filing fee or oath	
127	50	227	25	Surcharge – late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1,280	241	640	Petition to revive – unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other Fee (specify) .....					

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Brad A. Schepers	Registration No. (Attorney/Agent)	45,431	Telephone (317) 634-3456
Signature		Date	January 17, 2002	

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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